

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 2-2-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the range of motion testing, muscle testing, office visits, neuromuscular re-education, therapeutic exercises, therapeutic activities and muscle testing from 8/27/03 through 11/24/03 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service 8/27/03 through 11/24/03 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 7th day of April 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

RLC/rlc

NOTICE OF INDEPENDENT REVIEW DECISION

Date: March 26, 2004

MDR Tracking #: M5-04-1584-01
IRO Certificate #: 5242

_____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to _____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

_____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an Orthopedic Surgeon reviewer (who is board certified in Orthopedic Surgery) who has an ADL certification. The reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

According to the supplied documentation, it appears that ___ injured her knees while at work on ___. The claimant was treated at ___ where they patched up holes in her knees. The claimant reported to ___ on 08/04/2003 for evaluation and treatment. Various muscle testing was performed on the claimant. The claimant underwent chiropractic therapy. Treatment notes for active and passive therapy were reviewed. ___ documented a possible referral to ___, but no medical documentation was supplied. The documentation ends here.

Requested Service(s)

Please review and address the medical necessity of the outpatient services including range of motion testing, muscle testing, office visits, therapeutic activities, therapeutic excercises, muscle testing, neuro-re-education rendered between 8/27/2003 and 11/24/03.

Decision

I agree with the insurance company that the services rendered were not medically necessary.

Rationale/Basis for Decision

According to the supplied documentation, it appears that the claimant underwent a sufficient amount of therapy to help improve her compensable claim. The bills in question are for various forms of muscle testing, office visits and therapeutic activities. Since the claimant did not suffer and neurological deficits in her injury, continued repetitive muscle testing is not considered reasonable in her case. No muscle deficits were noted in the beginning of her case. Since therapy was began immediately after her first visit with ___ and there is no objective supportive rationale that muscle testing is indicated, no muscle test are seen as medically necessary. The claimant was also on an extensive rehab protocol and at some point it would become necessary for the claimant to continue her acitivities utilizing a home-based protocol. Continued therapy that was being monitored be her treating physician is not considered reasonable or necessary in this case. The majority of the prescribed exercises could have been performed at home without doctor supervision. Since the claimant would be well versed in the activities that would help benefit her, she should have been able to perform these activities unsupervised.